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CONFIRMATION NO. 1423

<b>SERIAL NUMBER</b> 10/622,896	<b>FILING OR 371(c) DATE</b> 07/18/2003 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> REG 860A	
<b>APPLICANTS</b> David J. Glass, Cortlandt Manor, NY; <span style="float: right;">SLW</span>					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/397,290 07/19/2002 <span style="float: right;">OK, SLW</span>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/17/2003</b> <span style="float: right;">None</span>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <span style="float: right;">Examiner's Signature</span> <span style="float: right;">Initials</span>		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 26693					
<b>TITLE</b> Ion channel receptor and uses thereof					
<b>FILING FEE RECEIVED</b> 1002	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		